Filed 12/06/2005 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Departm	ent of Jus	tice
United States	Marshals	Service

Onited State	CS MAISHAI	3 DCI VICC									
UNITED STATES OF AMERICA FILE () OF THE FORMATION							COURT CASE NUMBER CR No. 04-10372-WGY				
Jess Siciliano, Michael Arco and George Kandirakis						TYPE OF PROCESS Preliminary Order of Forfeiture					
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Richard C. Bardi, Esquire OLS TRICT OF MASS ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)										
	6 Beacon S Suite 410 Boston, MA	treet	, rest, out, oute,	, and an educy				C2 C2 :	C	C	
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of pro with this Form	ocess to be served							
United States Attorney's Office John Joseph Moakley United States Courthouse			Number of parties to be served in this case								
			Check for service on U.S.A.		์ปร	. 3					
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)											
Please serve a copy of the attached Preliminary Order of Forfeiture upon the above named individual by certified mail, return receipt requested. JMD x3296											
, 1 () BPLAINTIFE					TELEPHON (617) 748-31	NE NUMBER	DATE October 17, 2005				
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE											
I acknowledge recei number of process i (Sign only first USM one USM 285 is sub	pt for the total ndicated. 1 285 if more than mitted)	Total Process	District of Origin	District to Ser	ve	Signature of Au	thorized USMS	norized USMS Deputy or Clerk Date 11/18/05			
I hereby certify a the individual, co	and return that I Empany, corporation	have personally n, etc. at the addr	served, D have	legal evidence of or on the individ	servic	e, have execompany, corpor	cuted as show ation, etc., sh	n in "Remarks", town at the addres	he process d s inserted be	lescribed on	
☐ I hereby certify	and return that I am	unable to locate the	e individual, compa	ny, corporation, etc.	, name	ed above (See rem	arks below).			·-	
Name and title of individual served (If not shown above).					☐ A	A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)				Date of Se	rvice 12/05	Time	am pm				
					Signature of	Signature of U.S. Marshal or Deputy					
Service Fee	Total Mileage Ch (including endeav		ing Fee To	tal Charges	Ad	vance Deposits	Amount O	wed to US Marshal o	or Amoun	t or Refund	
REMARKS:	1/18/05	ctd. mo	1. 100	2 0570	0	004 /	358 /	409		(4)	

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)